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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)
 **55.00**
**Complete if Known**

Application Number	09/758,716
Filing Date	01-11-2001
First Named Inventor	Coffee, R.A.
Examiner Name	Kim M. Lewis
Art Unit	3743
Attorney Docket No.	13395CON

**METHOD OF PAYMENT** (check all that apply)

- Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: **021266** Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
	- 20 or HP =	x	=	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.					50	25

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 3 or HP =	x	=		
HP = highest number of independent claims paid for, if greater than 3.					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

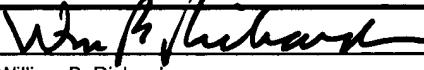
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x		=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

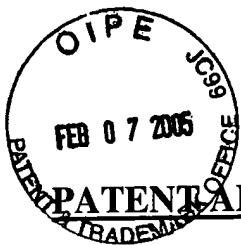
Other (e.g., late filing surcharge): extension fee

**55.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 44,301	Telephone 624-424-5612
Name (Print/Type)	William B. Richards		Date 02-07-2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**PATENT APPLICATION****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

*Group:* 3743 ) *Certificate Under 37 CFR § 1.10*  
*Attorney* ) I hereby certify that this correspondence is being deposited with  
*Docket:* BER-3.5.009/3714 (13395CON) ) the United States Postal Service in an envelope addressed to  
Commissioner for Patents, Box 1450, Alexandria, VA 22313-  
1450 as "Express Mail Post Office to Addressee".  
*Applicant:* Coffee, R. A. ) )  
*Title:* Dispensing Device and Method for ) on February 7, 2005  
Forming Material )  
*Serial No.:* 09/758,716 )  
*Filed:* January 11, 2001 )  
*Examiner:* Lewis, Kim M. )  
  
*William B. Richards*  
William B. Richards  
*ED 277297135 US*  
Mailing Label No.

**AMENDMENT AND RESPONSE**

Commissioner for Patents  
Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action mailed October 7, 2004, Applicants submit the following:

Amendments to the Specification begin on page 2.

Amendments to the Claims begin on page 6.

Response begins on page 21.

02/11/2005 RCONDRF1 00000066 09758716

01 FC:1999 55.00 DP

Adjustment date: 02/18/2005 CNGUYEN  
02/11/2005 RCONDRF1 00000066 09758716  
01 FC:1999 -55.00 DP  
02/18/2005 CNGUYEN 00000032 021266 09758716  
01 FC:2251 5.00 DA 55.00 DP